

REFERENCES

1. Berberian DA: Recent advances in malariology. *Am J Med* 46:96-117, 1969
2. Neva FA: Malaria—Recent progress and problems. *N Engl J Med* 277:1241-1252, 1967
3. Hinman EH: Malaria: The changing outlook. *Med Clin North Am* 51:729-734, 1967
4. Andrews JM: Perspective in malaria today. *JAMA* 184:873-875, 1963
5. Brunetti R, Fritz RF, Hollister AC Jr: An outbreak of malaria in California, 1952-1953. *Am J Trop Med Hyg* 3:779-788, 1964
6. Ward PA, Kibukamusoke JW: Evidence for soluble immune complexes in the pathogenesis of the glomerulonephritis of quartan malaria. *Lancet* 1:283-285, 1969
7. Dunn MJ: Alterations of RBC sodium transport during malarial infection. *J Clin Invest* 48:674-684, 1969
8. Barrett-Connor E: Plasmodium vivax malaria and Coombs-positive anemia. *Am J Trop Med Hyg* 16:699-703, 1967
9. Dennis LH, Eichelberger JW, Inman MM, et al: Depletion of coagulation factors in drug-resistant Plasmodium falciparum malaria. *Blood* 29:713-721, 1967
10. Fisher GW: Fatal falciparum malaria in the United States. *J Infect Dis* 119:215-216, 1969
11. Chojnacki RE, Brazinsky JH, Barrett ON Jr: Transfusion-introduced falciparum malaria. *N Engl J Med* 279:984-985, 1968
12. Kuvin SF, Voller AV: Malarial antibody titres of West Africans in Britain. *Br Med J* 2:477-479, 1963
13. Reed WP, Feinstein M, Steiger B: Early experiences in the treatment of falciparum malaria from Southeast Asia. *JAMA* 205:131-133, 1968
14. Bartelloni PJ, Sheehy TW, Tigertt WD: Combined therapy for chloroquine-resistant Plasmodium falciparum infection. *JAMA* 199:173-177, 1967
15. Blount RE: Management of chloroquine-resistant falciparum malaria. *Arch Intern Med* 119:557-560, 1967
16. Sheehy TW: Complications of falciparum malaria and their treatment. *Ann Intern Med* 66:807-809, 1967

A New Circumcision Device

A Preliminary Report

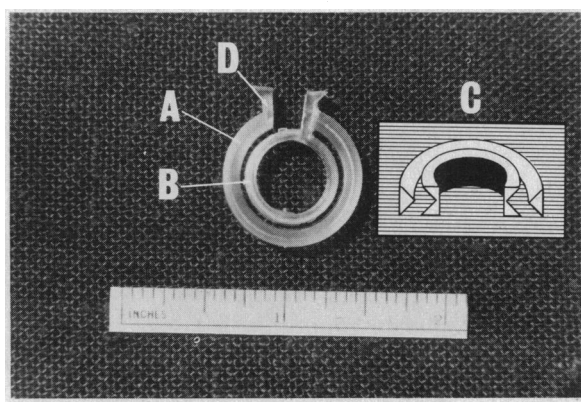
LAWRENCE D. FREEDMAN, M.D., *La Mirada*

A NEW, disposable circumcision clamp* made of butyrate plastic has been used in the circumcision of 40 infants, the operation taking usually less than one minute.

The clamp (see illustration) consists of two rings, one encircling the other, which are attached at one point. The outer ring (A) is flexible, the inner ring (B) rigid (inset in illustration). The inner surface of the outer ring is V-shaped in cross-section and the inner ring has a matching V-shaped groove on its outer surface (C). Between the two rings is just enough space to receive the foreskin. Attached to the outside ring are two small knobs (D) which, when drawn together and clamped, hold the outer ring snugly against the inner, hemostatically compressing the foreskin between them.

*Available from Quik-Circ, 1541 Wilton Way, La Habra, Ca. 90631. Submitted October 5, 1970.

Reprint requests to: 15744 East Imperial Highway, La Mirada, Ca. 90638 (Dr. L. D. Freedman).



Circumcision is performed by making the usual dorsal slit and then slipping the ring around the foreskin and down to the base of the glans. The knobs are then tied together and the redundant foreskin is excised. As with currently used plastic clamps, this device remains in place and usually falls off within one week, leaving a healed circumcision wound.

In the 40 operations there were no complications such as hemorrhage or infection. The great advantage of this device over other currently used plastic clamps is that with it circumcision can usually be performed in less than one minute.